**NeighborWorks Great Falls**

**MAILING ADDRESS: 509 1ST AVENUE SOUTH**

**GREAT FALLS, MT 59401**

**OFFICE: 406-761-5861 FAX 406-761-5852**

**Home Application**

**APPLICATION FOR RENTAL HOUSING DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please fill out all sections in ink. Do not leave any sections blank, even those that do not apply to you.

 For instances, if a section asks for asset information and you do not have any assets, you many enter

 ‘none’ or ‘N/A’ (Not Applicable). If you need to make a correction, draw one line through the

 incorrect information, then write the correct above and initial the change.

2. As Head of Household, you will complete this entire application. Each additional adult (excluding

 spouses) who will live in the apartment must complete a separate application.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of obtaining federal funds.

APPLICANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE EXPECTED READY TO MOVE IN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List names, addresses and phone numbers of two relatives or friends who know how to contact you:

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY, STATE, ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITY, STATE, ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPLYING FOR: (circle one) 1201 1ST AVENUE SOUTH 716 8TH AVENUE SOUTH

**HOUSEHOLD COMPOSTION AND CHARACTERISTICS**

* List the Head of Household and all other members who will be living in the HOME unit.
* Give the relationship of each family member to the Head of Household.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Member****#** | **Full Name** | **Relationship** | **Birth****Date** | **Birth Place** | **Age** | **Sex** | **Social Security #** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

Is anyone living with you now that is not listed above? Yes \_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_

If Yes, why are they no longer going to live with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you plan to have anyone live with you in the future that is not listed above? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_

 If Yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME INFORMATION**

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.

|  |  |  |
| --- | --- | --- |
| **Household Member** | **Source or Type of Income** | **Annual Income** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Please answer each of the following questions. For each “Yes” answer provide details in the space provided.**

|  |  |
| --- | --- |
| 1. Is any member of your household employed full-time, part-time or seasonally? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 2. Does any member of your household expect to work for any period during the next 12 months? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 3. Does any member of your household work for someone who pays them in cash? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 4. Is any member of your household on leave of absence from work due to lay-off, medical, maternity, or military leave? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 5. Does any member of your household now receive, or expect to receive, unemployment benefits? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 6. Does any member of your household now receive, or expect to receive, child support? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 7. Is any member of your household entitled to child support that he/she is not receiving? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 8. Does any member of your household receive, or expect to receive, alimony? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 9. Is any member of your household entitled to alimony, but does not presently receive it? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 10. Does any member of your household now receive, or expect to receive, welfare or public assistance? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 11. Does any member of your household now receive, or expect to receive, Social Security? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 12. Does any member of your household now receive, or expect to receive, Veterans Administration Benefits? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 13. Does any member of your household now receive, or expect to receive, a pension? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 14. Does any member of your household receive regular cash contributions from individuals not living in the apartment unit? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |
| 15. Does any member of your household receive income from assets, including interest on checking or savings accounts, interest and/or dividends from certificates of deposit, stocks and bonds, or income from rental property? | Yes \_\_\_\_\_ No \_\_\_\_\_\_ |

**ASSET INFORMATION**

List all checking and savings accounts, including IRA’s, KEOGH accounts, certificates of deposit, etc. of all household members, including amounts disposed of during the past two years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Household Member** | **Bank Name** | **Account Number** | **Account Type** | **Amount****(current or disposed of)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

List the value of all stocks, bonds, trusts, pension contributions, or other assets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own a home or other real estate? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

 If Yes, what is the current market value of the asset? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you sold or given away real property or other assets in the past two years? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

 If Yes, what was the value of the asset?

**EXPENSE AND ALLOWANCE INFORMATION**

Do you pay for childcare that enables you or a household member to work? Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

 If Yes, give the name and address of the childcare provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household member enabled to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weekly childcare costs? \_\_\_\_\_\_\_\_\_\_\_

Do you pay for Medicare? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_ If Yes, what is the premium? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you pay for a Medicare Drug Discount Program? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, premium amount? \_\_\_\_\_\_\_\_\_

Do you pay for any other kind of medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, premium amount? \_\_\_\_\_\_\_\_

Do you pay for long-term healthcare insurance? Yes \_\_\_\_\_\_ No \_\_\_\_\_ If Yes, premium amount? \_\_\_\_\_\_\_\_\_\_

Do you receive medical assistance through the welfare department? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have outstanding medical expenses you will be making payments on over the next twelve (12) months?

 Yes \_\_\_\_\_\_ No \_\_\_\_\_ If Yes, state the amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The following three questions are* **optional,** *but answering them may entitle you to an additional deduction or accommodation.*

* *Is any member of your household handicapped or disabled? Yes \_\_\_\_\_\_ No \_\_\_\_\_*

*If Yes, name of household member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* *Identify any special housing needs required as a result of the handicap or disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

* *Do you pay for a care attendant or for any equipment for the handicapped member of the household permits that person or someone else in the household to work? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_*

*If Yes, describe the expenses:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name of household member enabled to work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**RACE/ETHNICITY**

HUD requires us to maintain a record of your race and ethnicity. While these questions are optional, answering them will assist in our HUD reporting. If you choose not to answer the following questions, the housing provider will guess.

* **Optional Questions:**

*Race of Head of Household:*

American Indian \_\_\_\_\_\_\_\_ Asian \_\_\_\_\_\_\_ Negro/Black \_\_\_\_\_\_\_\_ White \_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_

*Ethnicity of Head of Household:*

 Hispanic \_\_\_\_\_\_\_\_\_ Non-Hispanic \_\_\_\_\_\_\_\_\_

**HOUSING/RENTAL INFORMATION**

How many people live in your home now? \_\_\_\_\_\_\_\_\_

How many bedrooms does your home have? \_\_\_\_\_\_\_\_\_

Why do you wish to move? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you being evicted? Yes \_\_\_\_\_\_ No \_\_\_\_\_ If Yes, explain the circumstances \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you being displaced from your present home? Yes \_\_\_\_\_\_ No \_\_\_\_\_ If Yes, explain the circumstance:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you living in a government- subsidized unit? (e.g. Section 8, Section 236, Section 221, voucher program or certificates) Yes \_\_\_\_\_\_ No \_\_\_\_\_\_

Have you been evicted from a government-subsidized unit? Yes \_\_\_\_\_\_ No \_\_\_\_\_ If Yes, explain the circumstances and include the date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the amount your household currently pays for rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What utilities do you pay? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What size apartment are you making application for?

One Bedroom \_\_\_\_\_\_\_ Two Bedroom \_\_\_\_\_\_\_\_ Three Bedroom \_\_\_\_\_\_\_\_

Do we have permission to place your name on a waiting list for any other size apartment that is still within the occupancy guidelines of the property? Yes \_\_\_\_\_\_ No \_\_\_\_\_

List every state in which you have resided since turning the age of 18. For each state listed provide the name of the city/town or county/parish and the dates of residency. Use additional paper is necessary.

|  |  |  |
| --- | --- | --- |
| **State** | **City/Town or County/Parish** | **Dates of Residency** |
|  |  |  |
|  |  |  |
|  |  |  |

**It is required that we have references in your file before you are eligible for our active waiting list. If you have never rented before, you may substitute two (2) professional references. Relatives and friends are not acceptable for references. Your application will not be accepted unless these references and their addresses are completed. Use additional paper if necessary.**

*CURRENT LANDLORD OR HOUSING PROVIDER*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Residency: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PREVIOUS LANDLORD OR HOUSING PROVIDER*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Residency: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PREVIOUS LANDLORD OR HOUSING PROVIDER*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Residency: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PREVIOUS LANDLORD OR HOUSING PROVIDER*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Residency: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PREVIOUS LANDLORD OR HOUSING PROVIDER*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Residency: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If you have never rented before, you may substitute two (2) professional references. Relatives and friends are not acceptable for references.**

*PROFESSIONAL REFERENCES*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BACKGROUND INFORMATION**

Has any member of your household been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, list the name of the household member, the state and county in which the conviction occurred and the date. Use additional paper if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Household Member** | **State Where Occurred** | **County Where Occurred** | **Date of Occurrence** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Has any household member’s consumption of alcohol affected the household’s ability to live in any other community? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please explain. Use additional paper if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is any member of your household a current user of illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, does the use of drugs affect the household member’s ability to live in any other community? If Yes, please explain. Use additional paper if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is any member of your household required to register as a sex offender in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

 If Yes, please list the name of the household member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MARKETING**

How did you find out about First Avenue Estates apartments?

\_\_\_\_\_ Newspaper advertisement \_\_\_\_\_ Referred by a friend or family

\_\_\_\_\_ Lived her before \_\_\_\_\_ Social Service Agency

\_\_\_\_\_ Flyer with commodities or Meals on Wheels \_\_\_\_\_ Internet website

\_\_\_\_\_ Referred by a current resident \_\_\_\_\_ Viewed property while driving by

 Name of Resident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENTS BY ALL ADULT MEMBERS**

We certify that all information given in this application and any addends thereto is true, complete, and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Lease Agreement.

We authorize the First Avenue Estate apartments to make any and all inquiries to verify this information either directly or through information exchanged now or later with any rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation. This information may also be release to appropriate federal, state or local agencies.

If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, which they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

We have read, and understand, the information in this application and we agree to comply with such information.

We have received a copy of the Tenant Selection Plan which summarizes the procedures for processing applications.

We understand that if this application is placed on a Waiting List, we may request sample copies of the Lease Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically – all conditions regarding Pets, No Smoking Policy, Rent, Damages and Security Deposits.

We authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Housing Act, 15 U.S.C. Section 1681 a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

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*Signature of Head of Household Date*

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*Signature of Spouse/Co-Head Date*

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*Signature of Owner Representative Date*